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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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|                                                                                                                                          |                           |                         |                       |                            |
|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no                                          | STATE OR<br>COUNTRY<br>CA | SHEETS<br>DRAWING<br>13 | TOTAL<br>CLAIMS<br>26 | INDEPENDENT<br>CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                           |                         |                       |                            |
| Verified and Acknowledged<br>Examiner's Signature: <i>David G. ...</i> Initials: <i>DOC</i>                                              |                           |                         |                       |                            |

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## TITLE

Secure printing with authenticated printer key

|                                    |                                                                                                                   |                                                                                                                                                                                                                                                                                 |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FILING FEE<br><br>RECEIVED<br>2806 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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